

## REGISTRATION

Mr.     Mrs.     Miss

SURNAME: \_\_\_\_\_ NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NATIONALITY 1<sup>ST</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

FIRST LANGUAGE(S): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY OF BIRTH \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

WHERE DID YOU HEAR ABOUT DELF/DALF? \_\_\_\_\_

WHAT IS YOUR PURPOSE?  CERTIFICATION  WORK  STUDY IN FRANCE  OTHER \_\_\_\_\_

**IF YOU HAVE ALREADY PASSED UNITS OF DELF OR DALF, PLEASE FILL IN THIS SECTION**

REGISTRATION NUMBER: \_\_\_\_\_

UNITS PASSED:    A1.1     A1     A2     B1     B2     C1     C2

WHICH YEAR? \_\_\_\_\_    WHICH COUNTRY? \_\_\_\_\_

**I WOULD LIKE TO SIT FOR:**

<b>DEL</b>	A1 <input type="checkbox"/>	A2 <input type="checkbox"/>	<b>DEL JUNIOR</b>	A1 <input type="checkbox"/>	A2 <input type="checkbox"/>
	B1 <input type="checkbox"/>	B2 <input type="checkbox"/>		B1 <input type="checkbox"/>	B2 <input type="checkbox"/>
<b>DAL</b>	C1* <input type="checkbox"/>	C2* <input type="checkbox"/>	<b>DEL PRIM</b>	A1.1 <input type="checkbox"/>	A1 <input type="checkbox"/> A2 <input type="checkbox"/>

\*No more specification in DALF

**\$200** for units A1 or A2

**\$250** for units B1 or B2

**\$300** for units C1 or C2

**DEL JUNIOR** or **SCOLAIRE**

**\$150** for units A1 or A2    **\$175** for units B1 or B2

**\$135** for **DEL PRIM**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Registration number _____	
Receipt no _____	Amount _____